

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES (HHS) &
MIDWEST ALLIANCE OF SOVEREIGN TRIBES (MAST)
2011 REGIONAL CONSULTATION SESSION**

**REGION V IMPLEMENTATION PLAN TO ADDRESS TRIBAL
PRIORITIES/RECOMMENDATIONS/ISSUES
(6/27/11)**

Tribal Consultation: On Jan 6, HHS Regional Director Cristal Thomas convened the Reg. V 2011 Tribal Consultation, co-hosted with the Midwestern Alliance of Sovereign Tribes (MAST), in Green Bay, WI. Almost 60 officials participated, representing 17 tribes (35 tribal leadership/officials), 3 tribal organizations, and 7 HHS divisions (including 3 IHS-operated tribal health facilities), dialoguing on health and human services issues/concerns/priorities. The Consultation included a session on HHS Tribal Working Groups (including Secretary's Tribal Consultation Workgroup and STAC), with Area Tribal Members highlighting the work/outcomes of the groups. Panels were conducted on HHS Human Services Programs, ACA and HITECH. The Consultation followed a special MAST meeting, where a resolution was approved to establish an Area Tribal Health Board (2010 Consultation issue).

Brief summary:

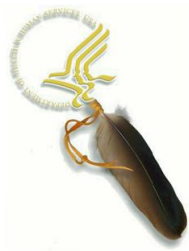
Issue 1: Consultation Process	Background	Next Step/Plan	Timeframe/Target Dates
Provide Consultation Session presentations to participants.		HHS RD to provide presentations to participants; and, for future sessions, request federal presenters to share material in advance and not read notes to ensure productive dialogue.	On 2/4/11, HHS RD shared presenter talking points, remarks, and powerpoint with participants and area tribal leaders.
Issue 2: Health/Wellness (also see IHS – Special Diabetes Prevention Initiative)	Background	Next Step/Plan	Timeframe/Target Dates



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<p>a) How do tribes get connected to the First Lady's <i>Lets Move</i> Initiative and the President's <i>America's Great Outdoors</i> (AGO) Initiative?</p> <p>b) Great Outdoors means different things to Tribal members than it does to the government; means lands and trust. A tribal member tried to express this during an AGO consultation.</p> <p>c) Affordable Care Act (ACA)/IHCIA implementation – status of tribal access to federal employee health benefits.</p>	<p>a & b) Children's health concerns due to food/snacks; support traditional Indian lifestyle (traditional food, physical activity/outdoors part of heritage).</p> <p>c) In March, 2010, President Obama signed into law the Affordable Care Act, which gives American Indians greater access to quality and affordable care, and permanently reauthorizes the IHCIA. Significant planning and coordination, consultation and outreach are necessary to implement many of the law's provisions, including new or expanded authorities for tribal health care programs.</p>	<p>a) HHS Regional Director (RD) will share information on <i>Lets Move Indian Country</i>.</p> <p>a) Head Start exploring how to better connect tribal program with natural learning environment.</p> <p>b) In Feb., 2011, HHS Regional Director's Office referred tribal AGO feedback/concerns to HHS national office for follow-up by federal AGO lead (Dept of Interior).</p> <p>c) IHS Director's Blog includes on-going updates on implementation of ACA/IHCIA provisions. HHS RD and CMS Native American ACA will continue to share updates on implementation/outreach activities, including White House tribal calls and meetings. AoA will continue outreach on ACA preventive benefits, including funding of Medicare Improvements for Patients and Providers Act (MIPPA) Grants</p>	<p>a) On 2/4/11, HHS RD forwarded information to area tribal leaders/consultation participants on the new <i>Lets Move Indian Country</i> initiative aimed at ending childhood obesity among Native youth within a generation, including opportunities and venues for tribal input and collaboration.</p> <p>On 6/3/11, the RD's Office shared information on the Office of the First Lady's <i>Let's Move!</i> Initiative and four federal agencies' June 25 national launch of <i>Let's Move! Indian Country</i> (LMIC) at WI's Menomonee Reservation. LMIC supports and advances the work that tribal leaders and community members are doing to improve the health of American Indian and Alaska Native children. LMIC brings together federal agencies, communities, nonprofits, corporate partners and tribes to end childhood obesity in Indian Country within a generation.</p>
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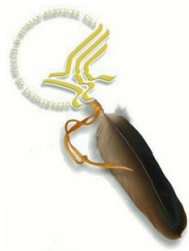


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		which funds out reach beneficiary activities.	<p>b) On 3/4/11, HHS national AGO lead confirmed concern forwarded to Interior Assistant Secretary, for follow-up.</p> <p>c) On-going. The Office of the RD continues to forward information on the monthly White House ACA calls with Tribes, as well as highlight during the Region V tribal quarterly workgroup calls. The second quarter Regional call on 6/27 features national ACA officials' presentations and Q&A with Bemidji-Area Tribes.</p>
Issue 3: Collaboration (AoA, CMS, OMH/OASH)	Background	Next Step/Plan	Timeframe/Target Dates
Tribes would like to see more advocacy from HHS agencies with states on behalf of tribes.		CMS is placing more emphasis on the need for States to actively engage tribes in any program changes. States with one or more federally recognized tribes or I/T/Us are now required to consult with tribes prior to	<p>On-going.</p> <p>It was determined that this requirement affected 36 States. To date, CMS has approved 23 states consultation State Plan Amendments (SPA). Four of the</p>



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		<p>submitting a State plan amendment or waiver that has direct impact on Indians, Indian health programs or Urban Indian Organizations. CMS will be closely monitoring the states to ensure that they are compliant.</p> <p>AoA works closely with the State Unit on Aging Tribal Elder staff in MI, MN and WI. On-going technical assistance provided includes family caregiver support services and nutritional counseling. Web based technical assistance chat sessions are being conducted monthly with Title VI Program Staff.</p> <p>The Regional Minority Health Coordinator convenes meetings, conferences calls, with state and local offices of minority health to promote active engagement of tribal governments/health directors and populations to strengthen federal/state/tribal relations.</p> <p>The Regional Minority Health</p>	<p>required states are in Region V and to date 3 have been submitted and approved. MI, MN and WI, which was the first in the nation</p> <p>In May CMS provided states with the option of submitting an affirmation that the State will follow the same tribal consultation process for the separate CHIP program as for the Medicaid program. If the State does not plan to use the same process for the separate CHIP program, they will have to submit a CHIP SPA to describe the consultation process that will be used. MI and MN have submitted affirmations.</p> <p>CMS is in the process of planning the annual IHS/CMS Area training. Two trainings will be conducted. The training will be provided to all 34 tribes in the states of MN, MI and WI. It will be held along with the IHS IT training during the week of July 18 in Prior Lake, MN. The CMS training will be on July 21,</p>
	<p>The Office of Minority Health was established to improve the health status of racial and ethnic minority populations including American Indians through the development of policies and programs; through grant awards; engaging American Indians in developing initiatives; and representation on the Secretary's Advisory Committee on Minority</p>		

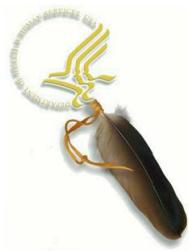


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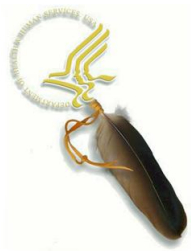
	Health.	<p>Coordinator convenes <i>Region V Minority Health Interstate and Tribal Data Quality Workgroup</i> conferences calls with state health departments Epidemiology/Vital Statistics Division, Inter-tribal Council of Michigan and Great Lakes Inter-tribal Council Epidemiology Center to address gaps in health status data report(ing). Federal Advisors on the workgroup: OMH-CO, CDC, OCR-Region V, IHS-Bemidji Area</p> <p>Regional Minority Health Coordinator disseminates grant announcements, documents, information on conferences/meetings, and explores opportunities to engage American Indian Tribes in OMH initiatives.</p> <p><i>Regional Minority Health Coordinator informed Tribal Health Director of the HHS launch on National Stakeholder Strategy for Achieving Health Equity and National Partnership</i></p>	<p>2011.</p> <p>On June 27, 2011, Acting RD notified tribes that comments are due by July 18, 2011 on SAMHSA's revised Mental Health and Substance Abuse Block Grants. Under the proposed new approach, states and territories will consider new factors in their redesigned plans, including describing tribal consultation activities. States without federally/state-recognized tribes are encouraged to identify any outreach to urban American Indian populations.</p> <p>April, 2011</p>
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		<p><i>for Action to End Health Disparities. Kristin Hill, Great Lakes InterTribal Council, Epidemiology Center was one of the national speakers during the national launch.</i></p> <p>Regional Minority Health Coordinator will meet with identified Tribal Health Directors during FY 2011.</p>	To be determined.
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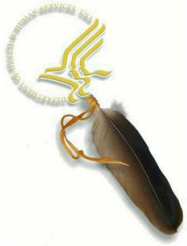


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Issue 4: Administration for Children & Families (ACF) Temporary Assistance to Needy Families (TANF)	Background	Next Step/Plan	Timeframe/Target Dates
Two Tribal officials expressed concern that the Tribal TANF funding levels are inadequate given the level of need in the communities.	Federal Funding for Tribal TANF is limited to a formula prescribed in the law and regulations.	Transmit Tribes' concerns about funding levels to TANF leadership in the Office of Family Assistance (OFA) for consideration in TANF reauthorization plans.	Completed January 13, 2011.



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<p>A Wisconsin Tribal Chairman is concerned that the State of Wisconsin had not provided data on 1994 AFDC expenditures for Indian families in the Tribe's proposed service area to support the Tribe's application for a Tribal TANF program.</p>	<p>Federal law and regulation requires States receiving a request for 1994 AFDC expenditure data as part of the Tribal TANF application process to respond to ACF with the data within 30 days of the date of the request (from ACF). The State has thus far indicated it does not have access to the requested information. The State further indicated it was attempting to examine alternative means of providing the expenditure information, however, it has not provided any data to ACF or the Tribe to date.</p>	<p>Principal Advisor for Tribal Affairs, Office of the Secretary, stated she would set up a call between the Chairman and the OFA Director upon request. Regional Office TANF staff will re-contact leadership in the Wisconsin DCF regarding the need to provide the required information.</p> <p><i>The State submitted the AFDC expenditures data and the Tribe has accepted the data and is planning to submit a Tribal TANF program plan.</i></p>	<p>Regional Office contact with Wisconsin completed January 13, 2011.</p> <p><i>No further ACF/OFA action required – matter resolved.</i></p>
<p align="center">Issue 5: Centers for Medicare and Medicaid Services (CMS) HITECH Training</p>	<p align="center">Background</p>	<p align="center">Next Step/Plan</p>	<p align="center">Timeframe/Target Dates</p>
<p>CMS training on HITECH for non-RPMs tribal sites.</p>	<p>CMS will hold trainings for Tribal or Indian programs that do not use the IHS RPMS-based EHR. It will be an overview of</p>	<p>The RO NAC will refer T/Us that don't use the IHS RPMS and want EHR training to CMS/Office of External Affairs.</p>	<p><i>CMS contractor provided Electronic Health Records incentive program training for the tribes who use the IHS Resource</i></p>

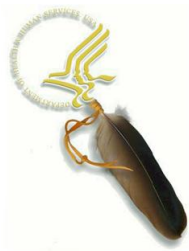


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	the Electronic health records (EHR) Incentive Program, including some information about certification, registration, and quality measures. The CMS contractor will provide an overview and the Regional Extension Center will provide additional T/A if they choose to implement an EHR and apply for the Incentive program.		and Patient Management System (RPMS) system on March 30-31 in California. Some I/T/Us staff from Region V signed up to participate in this training (1 from the Urban clinic in Chicago and 2 from the Oneida Tribe of Wisconsin).
Issue 6: Indian Health Service (IHS)	Background	Next Step/Plan	Timeframe/Target Dates
IHS Budget.	Tribes in the Bemidji Area received the largest increase in 2010 at 23%, these were primarily in Contract Support Costs, Contract Health Service, and Indian Health Care Improvement fund raising level of need funded from 44% to 49.9%	On-going issue.	On-going.



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Quality of Care.	Concern on quality of care at IHS clinic.	IHS takes quality of care concerns very seriously and promptly follows-up/resolves.	In Feb., 2011, clinic care issue addressed/information provided.
Better understanding of Indian Health Service Processes by Tribal leaders and communication.	Newly elected leaders may not have been oriented to IHS. Agencies send material through Tribal Chairs as protocol. Materials may not filter down through communication channels. Could agencies send to other people as well?	Bemidji Area Office will assure all new Tribal Chairs receive personal invitations to quarterly orientation sessions. These may be in person or may occur via webex or videoconferencing. Sessions were held in March and June. IHS sends many items to Health Directors; Dear Tribal Leader (DTL) Letters are on the IHS web page. CMS will also share DTL letters with health directors.	February 1, 2011 On-going.
Are there plans for IHS partnerships for service coordination/access to resources?		IHS BAO is currently working with Veteran's Affairs, SAMHSA	On-going.



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		and HRSA to improve coordination, and tribal access to resources. The Acting Area Director has met with the 3 VISN Directors to discuss current VA outreach, communication, coordination and partnerships with Tribes, as well as what can be done in the near future to facilitate improvements	
EHR implementation and information. technology support for equipment, improvement in the business office package.	IHS has a functional EHR package being deployed throughout the area. The RPMS billing package will be enhanced, recommendations have been to replace the package with a commercial off the shelf package and interface this with RPMS. This has been done with other packages such as Dentrax. The current package does not meet the needs of Tribes. The cost to the agency was prohibitive. Pharmacy package also does not accommodate dual pharmacies for serving non-beneficiaries.	The agency will continue to enhance the business package taking into consideration the needs of the Tribe. The Bemidji Area will continue to put forth the needs of the Tribes to the Office of Information Technology at the national level. The OIT listening session was held on May 19th in Bloomington, MN. Concerns were expressed and discussed. Follow-up items will be disseminated.	On-going.
Special Diabetes Prevention Initiative (SDPI) funding should be maintained/increased.	Diabetes, especially among children, continues to be a	SDPI includes Type II. It has been extended 2 years and IHS	On-going.



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Does it include Type II diabetes?	significant problem	knows it is making a difference. Reauthorization is a legislative issue.	
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